

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814



March 20, 1989

TO: All County Welfare Directors
All County MEDS Coordinators

SUBJECT: ERRATA TO 89-17

ACWDL 89-17 has a minor error on page 3 of Attachment 2. A replacement page is included as an enclosure to this notice.

We apologize for any inconvenience this may have caused you.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

cc: MEDS Liaisons

4. The Mail to FORMS Screen will appear.

5. Type an U on the line showing Emc2 Mail ID Request Form and press the ENTER key to bring up a copy of the Emc2 Mail ID Request Form.

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===== Mail to FORMS =====
Options:      R-Read    P-Print    D-Delete    C-Continue    X-Export
              U-UseForm    I-PC.Import
=====
From----- --Date-- Flag Subject-----
U FORMSADM      08/08/88   + Emc2 Mail ID Request Form
FORMSADM      08/04/88   + SENT Form
FORMSADM      08/04/88   + RECEIVED Form
FORMSADM      08/04/88   + OHCMC5 Form
FORMSADM      08/04/88   + MEDS32 Form
FORMSADM      08/04/88   + Claim Detail Report Form
FORMSADM      08/02/88   + MEDS53 Form
FORMSADM      08/02/88   + MEDS70 Form
FORMSADM      08/02/88   + MEDS52 Form
FORMSADM      08/02/88   + MEDS42 Form
FORMSADM      07/02/88   + MEDS41 Form
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PFK  1=Help  2-Exit-from-Emc2  3=Return-to-Menu  7=Backward  8=Forward
=====
```